

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213513547
1.) CORPORATION NAME: <b>THE SMITH CLUB OF CHARLOTTESVILLE</b>		DUE DATE: <b>3/31/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CAMILYN K LEONE 511 HALF MILE BRANCH ROAD CROZET, VA 22932</b>		SCC ID NO: <b>01937879</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALBEMARLE COUNTY</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 511 HALF MILE BRANCH ROAD  CITY/ST/ZIP: CROZET, VA 22932		
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.		
NAME: CAMILYN K LEONE TITLE: PRESIDENT ADDRESS: 511 HALF MILE BRANCH ROAD CITY/ST/ZIP/CO: CROZET, VA 22932	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Julia Hayden TITLE: PRESIDENT ADDRESS: 5708 Brownsville Rd. CITY/ST/ZIP/CO: Charlottesville, VA 22903	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Anne Bates Linden TITLE: TREASURER ADDRESS: 1455 Glenside Green CITY/ST/ZIP/CO: Charlottesville, VA 22901	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ CAMILYN K LEONE	CAMILYN K LEONE, PRESIDENT	3/18/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		